

# CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	<del>ADDITIONAL</del>		FIRST AMENDMENT		<del>SECOND</del> AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	4					
Total Depend	9					
Total Claims	13					
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Total Indep						
Total Depend						
Total Claims						